

MANTON, (W.P.)

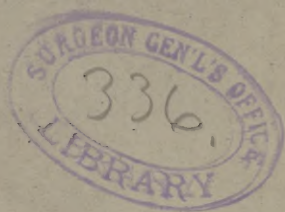
INDEX
MEDICUS

SOME RARE FORMS

OF

VULVAR TUMOR.

BY



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VISITING PHYSICIAN TO THE WOMAN'S HOSPITAL AND FOUNDLINGS HOME;
SECRETARY OF THE DETROIT GYNÆCOLOGICAL SOCIETY,
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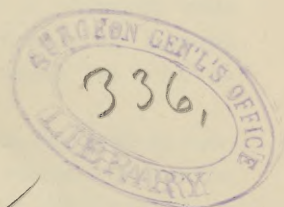
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SOME RARE FORMS OF VULVAR TUMOR.*

BY W. P. MANTON, M.D.,

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The exceeding vascularity of the superficial as well as the deeper parts of the female pelvic outlet renders dilatations and varicosities of the venous radicles of common occurrence in pregnancy. Of this nearly every writer on obstetrics takes cognizance; and many cases are on record where the bursting or accidental puncture of such dilated vessels has led to an almost immediately fatal termination.

A varicose condition of the vulvar veins in the virgin is, however, of such rare occurrence, that after a careful search in the current literature I am unable to find more than two or three authors who cite cases or in any way refer to such a condition as possibly existing.

It is with no hesitation, therefore, that I bring before this Society the histories of the two following cases. While on a visit to Prof. Credé in Leipsic, in the early part of 1882, I was invited by his assistant, Dr. Richard Lomer, to go with him to see a case to which he had just been called by the attending midwife. The conditions found were a transverse position of the child, a cord prolapsed through a fully dilated os, and a rapid, irregular foetal heart-beat. In the posterior half of the mother's right labium major, extending inward to the labium minor, was a varicose tumor the size of a Florida orange. During the extraction of the child, its right clavicle and humerus were broken and the varicose tumor ruptured. As soon as the child's head escaped from the vulva, the hemorrhage from the torn

* Prepared for Ontario Medical Association, 1887.

varix became alarming, the blood soon saturating the bedding and forming a pool on the floor beneath. Pressure on the wounded parts with the fingers, followed by pledgets of cotton soaked in tr. ferri sesquichlor. and the subcutaneous injection of ergotine, finally controlled the bleeding. The tear was subsequently dressed with iodoform, and was healed completely by the tenth day. I afterwards obtained from the patient the history in regard to the varix.

CASE I.*—When a young girl the patient had had a boil or abscess at the point where the tumor is now situated, which was opened by a physician. The varix had existed for some time before marriage; but no direct connection between it and the abscess could be traced save in point of location. In the non-pregnant state the tumor is about one-fourth its present size, but has gradually increased in size from year to year. During menstruation it enlarges and becomes painful. During pregnancy a great increase in volume takes place, although in former times it has never equalled its present dimensions.

CASE II.—Miss A. C., aged 16, was referred to me by Dr. Henry A. Cleland of Detroit in October, 1885. The patient began to menstruate a little over one year ago. At that time a slight fullness of the left labium major was noticed, which, after the application of a wash, somewhat diminished. During the summer, however, the labial tumor continued to enlarge in spite of the applications, and when I saw her in October it had reached the size of a large walnut. There was no pain, but some itching, connected with the growth, and it was feared that this latter condition might lead to habits of self-abuse. Menstruation had been irregular, and the flow varied greatly in amount. Three weeks before I saw her she had flowed for two weeks, and was, as the result, looking rather pale, although otherwise a healthy, well-nourished girl. The attending physician having already made external applications with no result, I advised removal of the tumor. This I did on the following day, kindly assisted by Dr. Cleland. The wound was dressed with

* This case was also reported in the Boston Medical and Surgical Journal for December 18, 1882.

iodoform, and healed rapidly, the sutures being removed on the eighth day. Menstruation set in a week after the operation, and lasted three days. For three periods the patient menstruated every three weeks, and afterwards every 28 to 30 days.

June 17, '86.—I again examined her, and found the parts in good condition, the place of operation being marked by a linear cicatrix. Menstruation is now regular every four weeks and lasts four to five days, the amount normal.

I have no explanation to offer for the occurrence of dilated vulvar veins in the unmarried female. It is possible that in my first case, the former abscess and the surgeon's knife had so weakened the parts that, as the result of hard work and constipation, the veins becoming more and more distended, caused an absorption of tissue, and thus gradually worked to the surface. In the second case, the irritation and congestion kept up by the varicose condition undoubtedly accounted for the profuse and irregular menstruation, but no cause could be found for the dilated vessels. Tilt* offers the suggestion that "varicose veins may be gradually caused by the menstrual nixus," and quotes Gay, who found the condition most frequent during the first two or three years of menstruation, and in connection with either too profuse or too scanty an amount of secretion. He states that at this time the femoral vein is liable to become surcharged, and on account of the unyielding nature and small size of the femoral ring, dilatation of the vessel may readily follow. This might possibly explain the origin of a varicose condition of the internal saphenous vein, but we cannot for a moment imagine that it would affect the corpus cavernosum urethræ bulb of the vagina, especially if the other veins did not participate in the dilated condition. In my first case, as I remember, there was no other varicosity besides the vulvar tumor; and in my second case, I am positive that no such condition existed.

Hildebrant† states that large varices can only be formed during pregnancy. This Winckel‡ denies, and referring to my

* Uterine and Ovarian Inflammation, London, 1862, p. 160.

† Die Krankheit der Aeussere Weiblichen Genitalien, Stuttgart, 1877, p. 53.

‡ Die Pathologie de Weiblichen Sexual Organe, Leipsic, 1881, p. 37.
Lehrb. der Frauenkrankheiten, Leipsic, 1886, p. 58.

first case, with one or two others in the literature of the subject, says: I saw in 1869, in the case of an unmarried woman who had never borne, and who complained of great pain in the left side, etc., a varicose tumor of the left labium major the size of a hen's egg. This author states that except during pregnancy, this condition is seldom seen; in his own enormous special practice he had only met with eleven cases of large varix of the vulva in the non-gravid.

As to the treatment of such cases, my own opinion is, that when the tumor gives rise to annoyance by burning pain, itching, etc., or where the increase in size is rapid, surgical interference is necessary, and a complete removal of the growth demanded.

A third case which I desire to bring to your notice is, perhaps, not so uncommon as those already mentioned, but as it is rarely spoken of in the text-books devoted to the diseases of women, it is worth a moment's consideration.

CASE III.—A., aged 17 years, was admitted to the House of the Good Shepherd in September, 1886. Very soon after, the nurse having charge of the children noticed that she was affected with a yellowish vaginal discharge, which continued for a month, and had a penetrating, offensive odor. At this time, according to the nurse's statement, numerous "small red pimples with white caps" made their appearance, being scattered all over the vulva to the mons veneris. These were treated with a wash and other remedies by the visiting physician, Dr. W. R. Chittick of Detroit, but were made rather worse than benefitted. In two weeks time the papules had run together, and the labia had increased perceptibly in size, first on the right side and then on the left. In January, 1877, at the request of Dr. Chittick, I examined the patient. The vulva presented a most revolting sight, Two large growths, the size of the doubled fist, projected from and involved the labia majora—the whole mass irregular, horny, and bathed in a stinking discharge. Careful measurement showed that the growth on the right side had a length of $3\frac{3}{4}$ inches and a thickness of $1\frac{1}{2}$ inches; on the left side, the length was $3\frac{1}{2}$ inches, thickness $1\frac{1}{2}$ inches. Secondary growths

were scattered about the mons, surrounded the anus, and extended on to the inner aspects of the thighs. The skin at the base of the tumors was infiltrated and brawny. I diagnosed condyloma, or verruca acuminata, and suspected syphilitic infection, but a careful catechising of the girl elicited no specific history. At the doctor's request I removed the growths next day, using a clamp, the scissors and the Paquelin, and tying vessels as the tumors were separated. The hemorrhage was quite extensive—a general oozing rather than direct bleeding from the vessels. This was finally controlled by iron-cotton and the T bandage. The patient did nicely,—had but little pain, no rise of temperature, and in a week's time was about again. In two weeks from the first operation, some of the growths about the anus, which had been left, began to increase rapidly in size, and I again operated as before, with the same result. To-day the vulva has a normal appearance, except that the labia majora are a little flattened, and is in a perfectly healthy state, save at one point where a growth of the size of a three-cent piece still exists and requires removal. After the operation, not feeling satisfied with the history of this case, although it appeared that the patient was free from specific disease, I had the parts bathed in black wash and gave small doses of biniodide of mercury, under which treatment the patient improved both in general health and locally.

Writers on venereal and skin diseases speak of the occurrence of such warty growths in young girls, and agree that they are due to other than specific cause.

